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62

MONTANA LEGISLATIVE HISTORY

Chapter 23 2001

Bill H 50 S _____ Original bill & history ✓ c

H. Committee on State Admin. S. Committee on Pub. Health

Hearing Date(s)	_____	_____ c	Hearing Date(s)	_____	_____ c
	<u>1/10</u>	<u>✓</u> c		<u>2/2</u>	<u>✓</u> c
	_____	_____ c		_____	_____ c
	_____	_____ c		_____	_____ c
Date Out	<u>1/17</u>	<u>✓</u> c		<u>2/2</u>	<u>✓</u>

Did this bill originate in an interim committee? _____ Yes ✓ No

Committee _____ Report _____

HISTORY AND FINAL STATUS 2001

3/27	Signed by President		
3/28	Transmitted to Governor		
4/05	Returned with Governor's Proposed Amendments		
4/17	2nd Reading Governor's Proposed Amendments Concurred	87	11
4/18	3rd Reading Governor's Proposed Amendments Concurred	96	4
4/19	2nd Reading Governor's Proposed Amendments Concurred on Voice Vote	50	0
4/20	3rd Reading Governor's Proposed Amendments Concurred	50	0
4/20	Returned to House Concurred in Governor's Proposed Amendments		
4/24	Sent to Enrolling		
4/25	Returned from Enrolling		
4/26	Signed by Speaker		
4/26	Signed by President		
4/26	Transmitted to Governor		
5/01	Signed by Governor		
5/01	Chapter Number Assigned		
	Chapter Number 487		
	Effective Date: 5/01/2001 - All Sections		

48 Introduced by E. Clark

LC0197 Drafter: Bohyer

Appropriation to Implement State Contracting Recommendations

By Request of State Administration, Public Retirement Systems, and Veterans' Affairs Interim Committee

12/07	Introduced
12/26	Referred to Appropriations
1/18	Hearing
2/19	Tabled in Committee
3/24	Missed Deadline for Appropriation Bill Transmittal

49 Introduced by McKenney

LC0427 Drafter: B. Campbell

Revise Micro Business Development Laws - Appropriate Coal Tax

By Request of Department of Commerce & Governor

12/07	Introduced
12/26	Referred to Appropriations
1/25	Hearing
2/06	Tabled in Committee
3/24	Missed Deadline for Appropriation Bill Transmittal

50 Introduced by Juneau

LC0239 Drafter: Higgins

Revise Chemical Dependency Licensing Laws -- Addiction Counselors

By Request of Department of Commerce

12/08	Introduced		
12/26	Referred to State Administration		
1/10	Hearing		
1/17	Committee Executive Action--Bill Passed as Amended	17	1
1/18	Committee Report--Bill Passed as Amended		
1/19	2nd Reading Passed	74	26
1/20	3rd Reading Passed	74	26
	Transmitted to Senate		
1/22	Referred to Public Health, Welfare and Safety		
2/02	Hearing		

HOUSE BILLS AND RESOLUTIONS

315

HB 5	2/06	2nd Reading Concurred on Voice Vote	49	1
	2/07	3rd Reading Concurred	49	1
		Returned to House		
	2/08	Sent to Enrolling		
	2/08	Returned from Enrolling		
	2/09	Signed by Speaker		
	2/12	Signed by President		
	2/12	Transmitted to Governor		
	2/21	Signed by Governor		
	2/22	Chapter Number Assigned		
		Chapter Number 23		
		Effective Date: 1/01/2002 - Sections 1-9 and 11-19		
		Effective Date: 1/01/2004 - Section 10		

HB 51 Introduced by Facey

LC0617 Drafter: McClure

Eliminate Termination Provision for Partial Payment of Benefits under Work Comp

	11/24	Fiscal Note Needed		
	12/11	Introduced		
	12/18	Fiscal Note Requested		
	12/26	Referred to State Administration		
	1/02	Fiscal Note Received		
	1/04	Fiscal Note Printed		
	1/05	Rereferred to Business and Labor		
	1/10	Hearing		
	1/11	Committee Executive Action--Bill Passed	19	0
	1/12	Committee Report--Bill Passed		
	1/13	2nd Reading Passed	100	0
	1/15	3rd Reading Passed	97	0
		Transmitted to Senate		
	1/16	Referred to Business and Labor		
	1/24	Hearing		
	2/01	Committee Executive Action--Bill Concurred	8	0
	2/01	Committee Report--Bill Concurred		
	2/02	2nd Reading Concurred on Voice Vote	45	0
	2/03	3rd Reading Concurred	42	0
		Returned to House		
	2/05	Sent to Enrolling		
	2/05	Returned from Enrolling		
	2/05	Signed by Speaker		
	2/06	Signed by President		
	2/06	Transmitted to Governor		
	2/14	Signed by Governor		
	2/14	Chapter Number Assigned		
		Chapter Number 12		
		Effective Date: 2/14/2001 - All Sections		

HB 52 Introduced by Gallik

LC0313 Drafter: Niss

Adopt Most Recent Federal Military Laws

By Request of Department of Military Affairs

	12/11	Introduced		
	12/26	Referred to Judiciary		
	1/05	Hearing		

HOUSE BILL NO. 50

INTRODUCED BY C. JUNEAU

BY REQUEST OF THE DEPARTMENT OF COMMERCE

A BILL FOR AN ACT ENTITLED: "AN ACT CHANGING THE CERTIFICATION OF CHEMICAL DEPENDENCY COUNSELORS TO LICENSURE OF ADDICTION COUNSELORS; AMENDING SECTIONS 33-22-702, 33-22-705, 33-32-102, 37-23-201, 37-35-101, 37-35-102, 37-35-103, 37-35-201, 37-35-202, 37-35-203, 37-35-301, 37-35-304, 45-5-624, 45-9-208, 45-10-108, 53-24-301, AND 61-8-732, MCA; AND PROVIDING EFFECTIVE DATES."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 33-22-702, MCA, is amended to read:

"33-22-702. Definitions. For purposes of this part, the following definitions apply:

(1) "Chemical dependency treatment center" means a treatment facility that:

(a) provides a program for the treatment of alcoholism or drug addiction pursuant to a written treatment plan approved and monitored by a physician or ~~chemical dependency~~ addiction counselor ~~certified~~ licensed by the state; and

(b) is licensed or approved as a treatment center by the department of public health and human services under 53-24-208.

(2) "Inpatient benefits" are as set forth in 33-22-705.

(3) "Mental health treatment center" means a treatment facility organized to provide care and treatment for mental illness through multiple modalities or techniques pursuant to a written treatment plan approved and monitored by an interdisciplinary team, including a licensed physician, psychiatric social worker, and psychologist, and a treatment facility that is:

(a) licensed as a mental health treatment center by the state;

(b) funded or eligible for funding under federal or state law; or

(c) affiliated with a hospital under a contractual agreement with an established system for patient referral.

(4) (a) "Mental illness" means a clinically significant behavioral or psychological syndrome or

1 pattern that occurs in a person and that is associated with:

- 2 (i) present distress or a painful symptom;
- 3 (ii) a disability or impairment in one or more areas of functioning; or
- 4 (iii) a significantly increased risk of suffering death, pain, disability, or an important loss of freedom
- 5 (b) Mental illness must be considered as a manifestation of a behavioral, psychological,
- 6 biological dysfunction in a person.

7 (c) Mental illness does not include:

- 8 (i) a developmental disorder;
- 9 (ii) a speech disorder;
- 10 (iii) a psychoactive substance use disorder;
- 11 (iv) an eating disorder, except for bulimia and anorexia nervosa;
- 12 (v) an impulse control disorder, except for intermittent explosive disorder and trichotillomania; or
- 13 (vi) a severe mental illness as provided in 33-22-706.
- 14 (5) "Outpatient benefits" are as set forth in 33-22-705."

15

16 **Section 2.** Section 33-22-705, MCA, is amended to read:

17 **"33-22-705. Inpatient and outpatient benefits.** (1) "Inpatient benefits" are benefits payable for
18 charges made by a hospital or freestanding inpatient facility for the necessary care and treatment of mental
19 illness, alcoholism, or drug addiction furnished to a covered person while confined as an inpatient and, with
20 respect to major medical policies or contracts, also includes those benefits payable for charges made by
21 a physician for the necessary care and treatment of mental illness, alcoholism, or drug addiction furnished
22 to a covered person while confined as an inpatient. Care and treatment of alcoholism or drug addiction in
23 a freestanding inpatient facility must be in a chemical dependency treatment center that is approved by
24 the department of public health and human services under 53-24-208. Inpatient benefits include payment
25 for medically monitored and medically managed intensive inpatient services and clinically managed
26 high-intensity residential services.

27 (2) "Outpatient benefits" are benefits payable for:

- 28 (a) reasonable charges made by a hospital for the necessary care and treatment of mental illness,
- 29 alcoholism, or drug addiction furnished to a covered person while not confined as an inpatient;
- 30 (b) reasonable charges for services rendered or prescribed by a physician for the necessary care

1 and treatment for mental illness, alcoholism, or drug addiction furnished to a covered person while not
2 confined as an inpatient;

3 (c) reasonable charges made by a mental health or chemical dependency treatment center for the
4 necessary care and treatment of a covered person provided in the treatment center. The chemical
5 dependency treatment center must be approved by the department of public health and human services
6 under 53-24-208.

7 (d) reasonable charges for services rendered by a licensed psychiatrist, psychologist, licensed
8 professional counselor, licensed social worker, or ~~chemical dependency~~ addiction counselor ~~certified~~
9 licensed by the department of commerce under Title 37, chapter 35."

10
11 **Section 3.** Section 33-32-102, MCA, is amended to read:

12 **"33-32-102. Definitions.** As used in this chapter, the following definitions apply:

13 (1) "Commissioner" means the commissioner of insurance provided for in 2-15-1903.

14 (2) "Health care provider" means a person, corporation, facility, or institution licensed by the state
15 to provide or otherwise lawfully providing health care services, including but not limited to:

16 (a) a physician, health care facility as defined in 50-5-101, osteopath, dentist, nurse, optometrist,
17 chiropractor, podiatrist, physical therapist, psychologist, licensed social worker, speech pathologist,
18 audiologist, ~~certified chemical dependency~~ licensed addiction counselor, or licensed professional counselor;
19 and

20 (b) an officer, employee, or agent of a person described in subsection (2)(a) acting in the course
21 and scope of employment.

22 (3) "Health care services" means the health care and services provided by health care providers,
23 including drugs, medicines, ambulance services, and other therapeutic and rehabilitative services and
24 supplies.

25 (4) (a) "Utilization review" means a system for review of health care services for a patient to
26 determine the necessity or appropriateness of services, whether that review is prospective, concurrent,
27 or retrospective, when the review will be ~~utilized~~ used directly or indirectly in order to determine whether
28 the health care services will be paid, covered, or provided.

29 (b) Utilization review does not include routine claim administration or determination that does not
30 include determinations of medical necessity or appropriateness."

Section 4. Section 37-23-201, MCA, is amended to read:

"37-23-201. Representation or practice as licensed clinical professional counselor required. (1) Upon issuance of a license in accordance with this chapter, a licensee may use "licensed clinical professional counselor" or "professional counselor".

(2) Except as provided in subsection (3), a person may not represent that the person is a licensed professional counselor or licensed clinical professional counselor by adding the letters "LPC" or "LCPC" after the person's name or by any other means, engage in the practice of professional counseling, or represent that the person is engaged in the practice of professional counseling, unless licensed under this chapter.

(3) Individuals licensed in accordance with this chapter before October 1, 1993, who use the title "licensed professional counselor" or "LPC" may use the title "licensed clinical professional counselor" or "LCPC".

(4) Subsection (2) does not prohibit:

(a) a qualified member of another profession, such as a physician, lawyer, pastoral counselor, probation officer, court employee, nurse, school counselor, educator, chemical dependency counselor accredited by a federal agency, or ~~chemical dependency~~ addiction counselor ~~certified~~ licensed pursuant to Title 37, chapter 35, from performing duties and services consistent with the person's licensure or certification and the code of ethics of the person's profession or, in the case of a qualified member of another profession who is not licensed or certified or for whom there is no applicable code of ethics, from performing duties and services consistent with the person's training, as long as the person does not represent by title that the person is engaging in the practice of professional counseling;

(b) an activity or service or use of an official title by a person employed by or acting as a volunteer for a federal, state, county, or municipal agency or an educational, research, or charitable institution if it is a part of the duties of the office or position;

(c) an activity or service of an employee of a business establishment performed solely for the benefit of the establishment's employees;

(d) an activity or service of a student, intern, or resident in mental health counseling pursuing a course of study at an accredited university or college or working in a generally recognized training center if the activity or service constitutes a part of the supervised course of study;

(e) an activity or service of a person who is not a resident of this state, which activity or service is rendered for a period that does not exceed, in the aggregate, 60 days during a calendar year, if the person is authorized under the law of the state or country of residence to perform the activity or service. However, the person shall report to the department of commerce the nature and extent of the activity or service if it exceeds 10 days in a calendar year.

(f) pending disposition of the application for a license, the activity or service by a person who has recently become a resident of this state, has applied for a license within 90 days of taking up residency in this state, and is licensed to perform the activity or service in the state of the person's former residence;

(g) an activity or service of a person who is working to satisfactorily complete the 3,000 hours of counseling practice required for licensure by 37-23-202(1)(b) if the person has already completed a planned graduate program, as required by 37-23-202(1)(a), or is working to complete the 3,000 hours of social work experience as required by 37-22-301; or

(h) an activity or service performed by a licensed social worker, licensed psychiatrist, or licensed psychologist when performing the activity or service in a manner consistent with the person's license and the code of ethics of the person's profession."

Section 5. Section 37-35-101, MCA, is amended to read:

"37-35-101. Purpose. The legislature finds and declares that because the profession of ~~chemical dependency~~ addiction counseling profoundly affects the lives of people of this state, it is the purpose of this chapter to provide for the common good by ensuring the ethical, qualified, and professional practice of ~~chemical dependency~~ addiction counseling. This chapter and the rules promulgated under 37-35-103 set standards of qualification, education, training, and experience and establish professional ethics for those who seek to engage in the practice of ~~chemical dependency~~ addiction counseling as ~~certified chemical dependency~~ licensed addiction counselors."

Section 6. Section 37-35-102, MCA, is amended to read:

"37-35-102. Definitions. As used in this chapter, the following definitions apply:

(1) "Accredited college or university" means a college or university accredited by a regional accrediting association for institutions of higher learning.

(2) ~~"Certified chemical dependency counselor" means a person who has the knowledge and skill~~

1 ~~necessary to provide the therapeutic process of chemical dependency counseling and who~~
2 ~~under the provisions of this chapter.~~

3 ~~_____ (3) "Chemical dependency" means the use of any chemical substance, legal or illegal, that~~
4 ~~behavior or health problems, or both, resulting in operational impairment. "Addiction" means the~~
5 ~~or state in which an individual is physiologically or psychologically dependent upon alcohol or other~~
6 ~~This The term includes alcoholism, drug dependency, or both, that endanger the health, interpersonal~~
7 ~~relationships, or economic functions of an individual or the public health, safety, or welfare or~~
8 ~~dependency as defined in 53-24-103.~~

9 ~~(4)(3) "Department" means the department of commerce provided for in 2-15-1801.~~

10 ~~(4) "Licensed addiction counselor" means a person who has the knowledge and skill need~~
11 ~~to provide the therapeutic process of addiction counseling and who is licensed under the provisions of~~
12 ~~chapter."~~

14 **Section 7.** Section 37-35-103, MCA, is amended to read:

15 **"37-35-103. Department powers and duties.** (1) The department shall:

16 (a) examine, ~~certify~~ license, and renew the ~~certificates~~ licenses of qualified applicants;

17 (b) adopt rules:

18 (i) for eligibility requirements and competency standards;

19 (ii) prescribing the time, place, content, and passing requirements of the ~~certification~~ licensure
20 competency examinations and passing scores for ~~certification~~ licensure under 37-35-202;

21 (iii) for application forms and fees for ~~certification~~ licensure and for renewal and ~~certifica~~
22 licensure expiration dates; and

23 (iv) defining any unprofessional conduct that is not included in 37-1-316; and

24 (c) adopt and implement rules for training programs, internships, and continuing education
25 requirements to ensure the quality of ~~chemical dependency~~ addiction counseling.

26 (2) The department may:

27 (a) adopt rules necessary to implement the provisions of this chapter;

28 (b) adopt rules specifying the scope of ~~chemical dependency~~ addiction counseling that
29 consistent with the education required by 37-35-202; and

30 (c) establish ~~recertification~~ licensure requirements and procedures that the department consid

appropriate."

Section 8. Section 37-35-201, MCA, is amended to read:

"37-35-201. ~~Certificate~~ License required -- exceptions. (1) Except as otherwise provided in this chapter, a person may not practice ~~chemical dependency~~ addiction counseling or represent to the public that the person is a ~~certified chemical dependency~~ licensed addiction counselor unless the person is ~~certified~~ licensed under the provisions of this chapter.

(2) This chapter does not prohibit an activity or service:

(a) performed by a qualified member of a profession, such as a physician, lawyer, licensed professional counselor, licensed social worker, licensed psychiatrist, licensed psychologist, nurse, probation officer, court employee, pastoral counselor, or school counselor, consistent with the person's licensure or certification and the code of ethics of the person's profession, as long as the person does not represent by title that the person is a ~~certified chemical dependency~~ licensed addiction counselor. If a person is a qualified member of a profession that is not licensed or certified or for which there is no applicable code of ethics, this section does not prohibit an activity or service of the profession as long as the person does not represent by title that the person is a ~~certified chemical dependency~~ licensed addiction counselor.

(b) of, or use of an official title by, a person employed or acting as a volunteer for a federal, state, county, or municipal agency or an educational, research, or charitable institution if that activity or service or use of that title is a part of the duties of the office or position;

(c) of an employee of a business establishment performed solely for the benefit of the establishment's employees;

(d) of a student, intern, or resident in ~~chemical dependency~~ addiction counseling who is pursuing a course of study at an accredited college or university or who is working in a generally recognized training center if the activity or service constitutes part of the course of study;

(e) of a person who is not a resident of this state if the activity or service is rendered for a period that does not exceed, in the aggregate, 60 days during a calendar year and if the person is authorized under the laws of the state or country of residence to perform the activity or service. However, the person shall report to the department the nature and extent of the activity or service if it exceeds 10 days in a calendar year.

(f) of a person who is working to satisfactorily complete supervised ~~chemical dependency~~

1 addiction counseling experience required for ~~certification~~ licensure.

2 (3) This chapter is not intended to limit, preclude, or interfere with the practice of other persons
3 and health care providers licensed by the appropriate agencies of the state of Montana."
4

5 **Section 9.** Section 37-35-202, MCA, is amended to read:

6 **"37-35-202. Certification Licensure requirements -- examination -- fees.** (1) To be eligible
7 ~~certification~~ licensure as a ~~chemical dependency~~ licensed addiction counselor, the applicant shall submit
8 an application fee in an amount established by the department by rule and a written application on a form
9 provided by the department that demonstrates that the applicant has completed the eligibility requirements
10 and competency standards as defined by department rule.

11 (2) A person may apply for ~~certification~~ licensure as a ~~certified chemical dependency~~ licensed
12 addiction counselor if the person has:

13 (a) received a baccalaureate degree in alcohol and drug studies, psychology, sociology, social
14 work, counseling, or a related field from an accredited college or university;

15 (b) received an associate of arts degree in alcohol and drug studies, ~~chemical dependency~~
16 addiction, or substance abuse from an accredited institution; or

17 (c) successfully completed at least 1 year of formalized training in ~~chemical dependency~~ addiction
18 counseling in a program approved by the department or recognized under the laws of another state.

19 (3) Prior to becoming eligible to begin the examination process, each person shall complete
20 supervised work experience in ~~a chemical dependency~~ an addiction treatment program as defined by the
21 department, in an internship approved by the department, or in a similar program recognized under the
22 laws of another state.

23 (4) Each applicant shall successfully complete a competency examination process as defined by
24 rules adopted by the department.

25 (5) A person holding a ~~certificate~~ license to practice as a ~~certified chemical dependency~~ licensed
26 addiction counselor in this state may use the title "~~certified chemical dependency~~ licensed addiction
27 counselor".
28

29 **Section 10.** Section 37-35-202, MCA, is amended to read:

30 **"37-35-202. Certification Licensure requirements -- examination -- fees.** (1) To be eligible for

1. ~~certification~~ license as a ~~chemical dependency licensed~~ addiction counselor, the applicant shall submit
2. an application fee in an amount established by the department by rule and a written application on a form
3. provided by the department that demonstrates that the applicant has completed the eligibility requirements
4. and competency standards as defined by department rule.

5. (2) A person may apply for ~~certification~~ license as a ~~certified chemical dependency licensed~~
6. addiction counselor if the person has:

7. (a) received a baccalaureate degree in alcohol and drug studies, psychology, sociology, social
8. work, counseling, or a related field from an accredited college or university; or

9. (b) received an associate of arts degree in alcohol and drug studies, ~~chemical dependency~~
10. addiction, or substance abuse from an accredited institution; or

11. ~~(c) successfully completed at least 1 year of formalized training in chemical dependency counseling~~
12. ~~in a program approved by the department or recognized under the laws of another state.~~

13. (3) Prior to becoming eligible to begin the examination process, each person shall complete
14. supervised work experience in ~~a chemical dependency~~ an addiction treatment program as defined by the
15. department, in an internship approved by the department, or in a similar program recognized under the
16. laws of another state.

17. (4) Each applicant shall successfully complete a competency examination process as defined by
18. rules adopted by the department.

19. (5) A person holding a ~~certificate~~ license to practice as a ~~certified chemical dependency licensed~~
20. addiction counselor in this state may use the title "~~certified chemical dependency~~ licensed addiction
21. counselor".

22.
23. **Section 11.** Section 37-35-203, MCA, is amended to read:

24. **"37-35-203. Renewal of certificate license -- application and fee.** (1) A certificate license expires
25. biennially on the date set by department rule.

26. (2) A certificate license holder may renew a certificate license by:

27. (a) filing an application on a form prescribed by the department; and

28. (b) paying a renewal fee in an amount established by the department.

29. (3) A default in the payment of a renewal fee after the date it is due may increase the fee, as
30. prescribed by the department by rule.

1 (4) It is unlawful for a person who refuses or fails to pay the renewal fee to practice as a ~~certified~~
2 ~~chemical dependency~~ licensed addiction counselor in this state.

3 (5) A ~~certificate~~ license not renewed within 1 year following its expiration date terminates
4 automatically."

5
6 **Section 12.** Section 37-35-301, MCA, is amended to read:

7 **"37-35-301. Unprofessional conduct complaint -- sanctions.** (1) A formal complaint alleging
8 unprofessional conduct by a ~~certified chemical dependency~~ licensed addiction counselor may be directed
9 to the department. The charges must be made by an affidavit, subscribed and sworn to by the person
10 making it, and filed with the department.

11 (2) The complaint may allege any unprofessional conduct contained in 37-1-316 or as further
12 defined by department rule that constitutes a threat to the public health, safety, or welfare and that is
13 inappropriate to the practice of a ~~certified chemical dependency~~ licensed addiction counselor.

14 (3) The director of the department shall appoint a review panel to investigate a complaint of
15 unprofessional conduct directed to the department. The panel must consist of:

16 (a) two ~~certified chemical dependency~~ licensed addiction counselors;

17 (b) one employee of the department; and

18 (c) two members of the public.

19 (4) The panel shall recommend to the department either that the person be cleared of any charges
20 or that a sanction or combination of sanctions contained in 37-1-312 be imposed.

21 (5) For the purposes of this section, the department is vested with a board's authority for the
22 purposes of the procedures in 37-1-307 through 37-1-318 regarding unprofessional conduct, and
23 37-1-301 through 37-1-318 apply to any proceeding under this section."

24
25 **Section 13.** Section 37-35-304, MCA, is amended to read:

26 **"37-35-304. Transition -- transfer of certificates license.** The department shall grant a ~~certificate~~
27 license to practice as a licensed addiction counselor without the need for further application or other
28 requirements to those persons holding a current, unrestricted certificate as a certified chemical dependency
29 counselor as of ~~July 1, 1997~~ October 1, 2001, that was issued by the ~~department of public health and~~
30 ~~human services~~ state."

Section 14. Section 45-5-624, MCA, is amended to read:

"45-5-624. Unlawful attempt to purchase or possession of intoxicating substance -- interference with sentence or court order. (1) A person under 21 years of age commits the offense of possession of an intoxicating substance if the person knowingly consumes or has in the person's possession an intoxicating substance. A person does not commit the offense if the person consumes or gains possession of the beverage because it was lawfully supplied to the person under 16-6-305 or when in the course of employment it is necessary to possess alcoholic beverages.

(2) In addition to any disposition by the youth court under 41-5-1512, a person under 18 years of age who is convicted of the offense of possession of an intoxicating substance:

(a) for the first offense, shall be fined an amount not to exceed \$100 and:

(i) must have the person's driver's license confiscated by the court for not less than 30 days and not more than 90 days and shall be ordered not to drive during that period if the person was driving or was otherwise in actual physical control of a motor vehicle when the offense occurred;

(ii) shall be ordered to perform community service if a community service program is available; and

(iii) shall be ordered to complete and pay, either directly with money or indirectly through court-ordered community service, if any is available, all costs of participation in a community-based substance abuse information course, if one is available;

(b) for a second offense, shall be fined an amount not to exceed \$200 and:

(i) must have the person's driver's license suspended for not less than 60 days and not more than 120 days;

(ii) shall be ordered to perform community service if a community service program is available; and

(iii) shall be ordered to complete and pay, either directly with money or indirectly through court-ordered community service, if any is available, all costs of participation in a community-based substance abuse information course, if one is available;

(c) for a third or subsequent offense, shall be fined an amount not less than \$300 or more than \$500 and:

(i) must have the person's driver's license suspended for not less than 120 days and not more than 1 year, except that if the person was driving or was otherwise in actual physical control of a motor vehicle when the offense occurred, must have the person's driver's license revoked for 1 year or until the

1 person reaches the age of 18, whichever occurs last;

2 (ii) shall be ordered to complete and pay, either directly with money or indirectly through
3 court-ordered community service, if any is available, all costs of participation in a community-based
4 substance abuse information course, if one is available, which may include alcohol or drug treatment
5 both, approved by the department of public health and human services, if determined by the court to be
6 appropriate.

7 (3) A person 18 years of age or older who is convicted of the offense of possession of
8 intoxicating substance:

9 (a) for a first offense, shall be fined an amount not to exceed \$50 and be ordered to perform
10 community service if a community service program is available;

11 (b) for a second offense, shall be fined an amount not to exceed \$100 and:

12 (i) shall be ordered to perform community service if a community service program is available; and

13 (ii) must have the person's driver's license suspended for not more than 60 days if the person was
14 driving or otherwise in actual physical control of a motor vehicle when the offense occurred;

15 (c) for a third or subsequent offense, shall be fined an amount not to exceed \$200 and:

16 (i) shall be ordered to perform community service if a community service program is available;

17 (ii) must have the person's driver's license suspended for not more than 120 days if the person
18 was driving or otherwise in actual physical control of a motor vehicle when the offense occurred;

19 (iii) shall be ordered to complete an alcohol information course at an alcohol treatment program
20 approved by the department of public health and human services, which may, in the sentencing court's
21 discretion and upon recommendation of a ~~certified chemical dependency~~ licensed addiction counselor,
22 include alcohol or drug treatment, or both; and

23 (iv) in the discretion of the court, shall be imprisoned in the county jail for a term not to exceed
24 6 months.

25 (4) A person under 21 years of age commits the offense of attempt to purchase an intoxicating
26 substance if the person knowingly attempts to purchase an alcoholic beverage. A person convicted of
27 attempt to purchase an intoxicating substance shall be fined an amount not to exceed \$50 if the person
28 was 18 years of age or older at the time that the offense was committed or \$100 if the person was under
29 18 years of age at the time that the offense was committed.

30 (5) A defendant who fails to comply with a sentence and is under 21 years of age and was under

18 years of age when the defendant failed to comply must be transferred to the youth court. If proceedings for failure to comply with a sentence are held in the youth court, the offender must be treated as an alleged youth in need of intervention as defined in 41-5-103. The youth court may enter its judgment under 41-5-1512.

(6) A person commits the offense of interference with a sentence or court order if the person purposely or knowingly causes a child or ward to fail to comply with a sentence imposed under this section or a youth court disposition order for a youth found to have violated this section and upon conviction shall be fined \$100 or imprisoned in the county jail for 10 days, or both.

(7) A conviction or youth court adjudication under this section must be reported by the court to the department of justice under 61-11-101 for the purpose of keeping a record of the number of offenses committed but may not be considered part of the person's driving record for insurance purposes unless a second or subsequent conviction or adjudication under this section occurs. (See compiler's comments for contingent termination of certain text.)"

Section 15. Section 45-9-208, MCA, is amended to read:

"45-9-208. Mandatory dangerous drug information course. A person who is convicted of an offense under this chapter and given a sentence that makes the offense a misdemeanor, as defined in 45-2-101, shall, in addition to any other sentence imposed, be sentenced to complete a dangerous drug information course offered by a chemical dependency facility approved by the department of public health and human services under 53-24-208. The sentencing judge may include in the sentencing order a condition that the person shall undergo chemical dependency treatment if a ~~certified chemical dependency~~ licensed addiction counselor working with the person recommends treatment."

Section 16. Section 45-10-108, MCA, is amended to read:

"45-10-108. Mandatory dangerous drug information course. A person who is convicted of an offense under this chapter and given a sentence that makes the offense a misdemeanor, as defined in 45-2-101, shall, in addition to any other sentence imposed, be sentenced to complete a dangerous drug information course offered by a chemical dependency facility approved by the department of public health and human services under 53-24-208. The sentencing judge may include in the sentencing order a condition that the person shall undergo chemical dependency treatment if a ~~certified chemical dependency~~

1 licensed addiction counselor working with the person recommends treatment."

2

3 **Section 17.** Section 53-24-301, MCA, is amended to read:

4 **"53-24-301. Treatment of the chemically dependent.** (1) An applicant for voluntary admission or
5 court-referred admission to an approved public treatment facility shall obtain confirmation from a ~~certified~~
6 ~~chemical dependency~~ licensed addiction counselor that the applicant is chemically dependent and
7 appropriate for inpatient, freestanding care as described in the administrative rules. The department shall
8 adopt rules to establish policies and procedures governing assessment, patient placement, confirmation
9 and admission to an approved public treatment facility. If the proposed patient is a minor or an
10 incompetent person, the proposed patient, a parent, legal guardian, or other legal representative may make
11 the application.

12 (2) Subject to rules adopted by the department, the administrator of an approved public treatment
13 facility may determine who is admitted for treatment. If a person is refused admission to an approved
14 public treatment facility, the administrator, subject to departmental rules, shall refer the person to an
15 approved private treatment facility for treatment if possible and appropriate.

16 (3) If a patient receiving inpatient care leaves an approved public treatment facility, the patient
17 must be encouraged to consent to appropriate outpatient or intermediate treatment. If it appears to the
18 administrator of the treatment facility that the patient is chemically dependent and requires help, the
19 department shall arrange for assistance in obtaining supportive services and residential facilities.

20 (4) If a patient leaves an approved public treatment facility, with or against the advice of the
21 administrator of the facility, the department shall make reasonable provisions for the patient's
22 transportation to another facility or to the patient's home. If the patient has no home, the patient must be
23 assisted in obtaining shelter. If the patient is a minor or an incompetent person, the request for discharge
24 from an inpatient facility must be made by a parent, legal guardian, or other legal representative or by the
25 minor or incompetent, if the minor or incompetent person was the original applicant."

26

27 **Section 18.** Section 61-8-732, MCA, is amended to read:

28 **"61-8-732. Driving under influence of alcohol or drugs -- driving with excessive alcohol**
29 **concentration -- assessment, education, and treatment required.** (1) In addition to the punishments
30 provided in 61-8-714, 61-8-722, and 61-8-731, regardless of disposition, a defendant convicted of a

1 violation of 61-8-401 or 61-8-406 shall complete:

- 2 (a) a chemical dependency assessment;
- 3 (b) a chemical dependency education course; and
- 4 (c) on a second or subsequent conviction for a violation of 61-8-401 or 61-8-406 or as required
- 5 by subsection (8) of this section, chemical dependency treatment.

6 (2) The sentencing judge may, in the judge's discretion, require the defendant to complete the

7 chemical dependency assessment prior to sentencing the defendant. If the assessment is not ordered or

8 completed before sentencing, the judge shall order the chemical dependency assessment as part of the

9 sentence.

10 (3) The chemical dependency assessment and the chemical dependency education course must

11 be completed at a treatment program approved by the department of public health and human services

12 and must be conducted by a ~~certified chemical dependency~~ licensed addiction counselor. The defendant

13 may attend a treatment program of the defendant's choice as long as the treatment services are provided

14 by a ~~certified chemical dependency~~ licensed addiction counselor. The defendant shall pay the cost of the

15 assessment, the education course, and chemical dependency treatment.

16 (4) The assessment must describe the defendant's level of addiction, if any, and contain a

17 recommendation as to education, treatment, or both. A defendant who disagrees with the initial

18 assessment may, at the defendant's cost, obtain a second assessment provided by a ~~certified chemical~~

19 ~~dependency~~ licensed addiction counselor or a program approved by the department of public health and

20 human services.

21 (5) The treatment provided to the defendant at a treatment program must be at a level appropriate

22 to the defendant's alcohol or drug problem, or both, as determined by a ~~certified chemical dependency~~

23 licensed addiction counselor pursuant to diagnosis and patient placement rules adopted by the department

24 of public health and human services. Upon determination, the court shall order the defendant's appropriate

25 level of treatment. If more than one counselor makes a determination as provided in this subsection, the

26 court shall order an appropriate level of treatment based upon the determination of one of the counselors.

27 (6) Each counselor providing education or treatment shall, at the commencement of the education

28 or treatment, notify the court that the defendant has been enrolled in a chemical dependency education

29 course or treatment program. If the defendant fails to attend the education course or treatment program,

30 the counselor shall notify the court of the failure.

(7) A court or counselor may not require attendance at a self-help program other than at an "original meeting", as that term is defined by the self-help program. A defendant may voluntarily participate in self-help programs.

(8) Chemical dependency treatment must be ordered for a first-time offender convicted of a violation of 61-8-401 or 61-8-406 upon a finding of chemical dependency made by a ~~certified chemical dependency~~ licensed addiction counselor pursuant to diagnosis and patient placement rules adopted by the department of public health and human services.

(9) (a) On a second or subsequent conviction, the treatment program provided for in subsection (5) must be followed by monthly monitoring for a period of at least 1 year from the date of admission to the program.

(b) If a defendant fails to comply with the monitoring program imposed under subsection (9)(a), the court shall revoke the suspended sentence, if any, impose any remaining portion of the suspended sentence, and may include additional monthly monitoring for up to an additional 6 months."

NEW SECTION. Section 19. Effective dates. (1) [Sections 1 through 9 and 11 through 18 and this section] are effective October 1, 2001.

(2) [Section 10] is effective January 1, 2004.

- END -

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 57th LEGISLATURE - REGULAR SESSION COMMITTEE ON STATE ADMINISTRATION

Call to Order: By CHAIRMAN ALLAN WALTERS, on January 10, 2001 at 8:00 A.M., in Room 455 Capitol.

ROLL CALL

Members Present:

Rep. Allan Walters, Chairman (R)
Rep. Debby Barrett, Vice Chairman (R)
Rep. Tom Dell, Vice Chairman (D)
Rep. Norma Bixby (D)
Rep. Dee Brown (R)
Rep. Donald L. Hedges (R)
Rep. Hal Jacobson (D)
Rep. Larry Jent (D)
Rep. Michelle Lee (D)
Rep. Larry Lehman (R)
Rep. Ralph Lenhart (D)
Rep. Gay Ann Masolo (R)
Rep. Douglas Mood (R)
Rep. Alan Olson (R)
Rep. Holly Raser (D)
Rep. Rick Ripley (R)
Rep. Clarice Schrupf (R)
Rep. Frank Smith (D)

Members Excused: None.

Members Absent: None.

Staff Present: Sheri Heffelfinger, Legislative Branch
Ruthie Padilla, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: HB 28, 1/5/2001; HB 50,
1/5/2001; HB 152, 1/5/2001; HB
183, 1/5/2001

Opponents' Testimony: None

Questions from Committee Members and Responses:

{Tape : 1; Side : A; Approx. Time Counter : 15.4}

REPRESENTATIVE MOOD asked whether the election period for existing legislators is in this bill? Mike O'Connor replied that it is in a separate bill.

REPRESENTATIVE BROWN asked about appeals if a person's application for benefits is turned down by the board? Mr. O'Connor stated that there is a whole appeals process.

REPRESENTATIVE BROWN then asked about the employee incentive awards? Mr. O'Connor replied that an incentive is not necessarily money and if the incentive was money there would still not be a need for a fiscal note because the Retirement board sets its own budget. It would not go through the budget office.

REPRESENTATIVE LEE asked since there was no definition of a police officer on the bill, would anyone be eliminated? Mr. O'Connor replied that nobody would be eliminated because they are classified as a police officer in the protected system.

REPRESENTATIVE WALTERS asked if a fiscal note will be necessary? Mr. O'Connor said no.

Closing by Sponsor:

{Tape : 1; Side : A; Approx. Time Counter : 20.3}

REPRESENTATIVE GALLIK stated that this is a good government bill with efficiency and simplification and requests a do pass on this legislation.

HEARING ON HB 50

Sponsor: REPRESENTATIVE CAROL JUNEAU, HD 85, BROWNING

Proponents: Cynthia Reichenbach, Department of Commerce
Marlene O'Connell, University of Great Falls
Kristi Johnson, MAADAC
Myra Lefthand, NACDA
Lorrin Walker, MAADAC Commissioner
Ron Ladue, Blackfoot Community College
Annie Bartos, Department of Commerce

Opponents: none

Opening Statement by Sponsor:

{Tape : 1; Side : A; Approx. Time Counter : 21.1}

REPRESENTATIVE CAROL JUNEAU, HD 85, BROWNING, explained this bill will provide Chemical Dependency Counselors with a new title called Licenced Addiction Counselors. She also clarified some changes in codes. She explained the bill covers only drug and alcohol addictions and that the one year certification program that is currently in place will be excluded, however, the BA program as well as the supervised work experience and the competency exam will be left in place. Also, people currently holding a license as a Chemical Dependency Counselor as of October 1, 2001 will be granted a license, and the effective date for the training requirements to be enforced is on January 1, 2004. EXHIBIT(2)

Proponents' Testimony:

{Tape : 1; Side : A; Approx. Time Counter : 28.6}

Annie Bartos, Department of Commerce, stated that the Department of Commerce supports HB 50. She explained that the purpose of changing this title from a Certified Chemical Dependency Counselor to a Licensed Addiction Counselor is to have uniformity in the statute. She said as for the change of the one year training program, the bill provides a sunset of the program by 2004. It would give those individuals not meeting the requirements of the bill due to the elimination of this program an opportunity to still become a counselor.

{Tape : 1; Side : B; Approx. Time Counter : 0.0}

Lorrin Walker, NAADAC, stated he supports the name change from Certified to Licensed. He explained that there are a number of 3rd party insurance company payers that will not pay Certified Chemical Dependency Counselors. He gave a summary on the elimination of the one year program and expressed how raising the standards would be more beneficial to the clients. He submitted 2 written testimonies EXHIBIT(3) EXHIBIT(4) and one written testimony from William Malone EXHIBIT(5)

Myra Lefthand, NACDA, submitted written testimony for Karen Duboise and discussed the letter with the committee members. EXHIBIT(6)

Kristi Blazer, Rimrock Foundation and MASP, stated she is representing Rimrock Foundation and submitted written testimony on their behalf. **EXHIBIT(7)** She expressed Rimrocks support to this bill and briefly discussed their written testimony.

Ron Ladue, Blackfoot Community College, expressed his support of the bill. He stated he has been involved in the addictions field since 1984 as a counselor and program director. He said he supports the intent to eliminate the training program. He feels this program is no longer adequate.

Marlene O'Connell, University of Great Falls, said she is in support of the bill and the elimination of the training program. She stated that it is impossible to prepare counselors adequately in the duration of one year. There is too many changes going on with treatment methods in treating these addictions. She submitted written testimony. **EXHIBIT(8)**

Questions from Committee Members and Responses:

{Tape : 1; Side : B; Approx. Time Counter : 15.7}

REPRESENTATIVE RASER asked about the number of people affected by the change of requirements? **Cynthia Reichenbach** replied that none would be effected. She stated that the Department feels comfortable with the amount of time given to allow individuals to prepare for the elimination of the one year training program.

REPRESENTATIVE WALTERS, asked how many people are private practitioners and whether there are any state employee counselors? **Ms. Reichenbach** replied that there are currently 460 Chemical Dependency Counselors certified by our state and 7 of those counselors reside outside of Montana. She state that they do not have data on how many are working for the state and how many are in private practice.

REPRESENTATIVE BARRETT, asked what the current fee for licensor is and what will it increase to? **Ms. Reichenbach** replied that there is no projected increase in the fee and currently there is an application process for certification. The fee for application is \$125.00. There is an oral exam and written exam administered by the department. The fee for the written exam is \$65.00 and the fee for the oral exam is \$75.00. She explained that the \$125.00 fee is a one time fee, however, if an individual fails one of the exams they must repay the fee to retake an exam.

REPRESENTATIVE LEHMAN asked what the requirements were going to be for licenser? As he understands it, the minimum is an Associate of Arts degree, (two years)? He then asked if individuals with a Bachelors degree need to have supervised work experience prior to applying to take an exam? **Ms. Reichenbach** replied that an individual with a bachelors degree and Associated degree are required to complete 1000 hours of supervision under a Department of Commerce approved facility.

REPRESENTATIVE DELL asked if it would be illegal for someone to call themselves a Chemical Dependency Counselor after this bill was in effect? **Ms. Reichenbach** stated that it would be illegal according to their statutes to represent yourself as certified counselor without having complied with the current statute.

REPRESENTATIVE DELL then asked if insurance companies will stop paying for services by those individuals? **Ms. Reichenbach** referred the question to **Dr. Walker**. **Dr. Walker** replied insurance companies currently do not pay non-certified counselors and assumes that they will then not pay for non-licensed counselors.

REPRESENTATIVE DELL stated that he was concerned with the availability for Native Americans to obtain licensure through a bachelors degree and then asked **Mr. Ladue** if he had concerns about that? **Mr. Ladue** stated that he was not concerned because the majority of the two year certified programs are located on the Americans reservations and are tied into the community colleges.

REPRESENTATIVE HEDGES asked what kind of addiction this bill covers? **Ms. Reichenbach** responded that addiction is defined in the bill as treatment for drug and alcohol addiction. The drug classification includes the categories of crank, crack, cocaine, marijuana, and prescription medications. **REPRESENTATIVE HEDGES** then stated that in the statute, there is no definition of what is considered addictive or nonaddictive drugs. **Ms. Reichenbach** replied that within administrative rule, there is a category that defines the pharmacology educational requirements and that includes the drug categories, however, there is nothing in statute that specifically names the drugs.

REPRESENTATIVE LENHART stated he was concerned as an educator, going from a one year licensing program to a two year licensing program. He then asked what additional courses would be offered in that two year program. **Ms. Reichenbach** replied that all forms of educational requirements; one year training, AA degree, and a Bachelors degree will require 270 hrs that are specific to Chemical Dependency Counseling. The requirement for the two and

four year degree will not change. **REPRESENTATIVE LENHART** then asked who will approve the curriculum for the Associates Degree? **Ms. Reichenbach** replied that the Department of Commerce has the authority to review and approve curriculum.

Closing by Sponsor:

{Tape : 2; Side : A; Approx. Time Counter : 7.6}

REPRESENTATIVE JUNEAU thanked the committee for a good hearing and she also thanked the individuals who traveled to present information and answer questions. She submitted written testimony and information via E-mail from **Kathy Randle, Licensed Professional Counselor**. **EXHIBIT(9)** She stated that she was not supporting or opposing the testimony and it was not being presented by her as a recommendation.

HEARING ON HB 183

Sponsor: **REPRESENTATIVE CAROL JUNEAU, HD 85, BROWNING**

Proponents: **Cynthia Reichenbach, Department of Commerce**
Marlene O'Connell, University of Great Falls
Kristi Johnson, MAADAC
Myra Lefthand, MACDA
Lorrin Walker, MAADAC Commissioner
Ron Ladue, Blackfoot Community College
Deb Sanchez, Montana Psychological Association
Annie Bartos, Department of Commerce

Opponents: **Candice Payne for Kristi Blazer, Rimrock**
Foundation and MASP

Opening Statement by Sponsor:

{Tape : 2; Side : A; Approx. Time Counter : 9.2}

REPRESENTATIVE CAROL JUNEAU, HD 85, BROWNING, stated that this bill is similar to HB 50, but proposes some differences. This bill will also provide Chemical Dependency Counselors with a new title of Licensed Addiction Counselors. She clarified the word addiction on pages 5 and 6, lines 30 and 31 are the same as in HB 50. She stated that page 9, line 9, implements a core requirement of courses as an option within the BA program. Lines 11 through 14 take out the one year program as well as the Associate of Arts program. Examination procedures stay the same as currently provided. The effective dates are different than HB 50.

EXHIBIT 6
DATE 10/1/01
HB 50

JANUARY 8, 2001

Testimony: Department of Commerce House Bill 110

Name change to licensure and phasing out of 1-year training programs.

Hello, My name is Karen Duboise, I am the Program Director of the Spotted Bull Treatment Center on the Fort Peck Indian Reservation, Poplar, Montana. I am an enrolled Sioux Tribal member of the Fort Peck Tribes. I have worked for the Spotted Bull Treatment Center for 17 years and held the Program Director position for 10 years. I am currently an active members of the State Advisory Council for the Commerce Chemical Dependency Program; an active member of the Native American Chemical Dependency Directors Association and State Certified Chemical Dependency Counselor since June, 1987.

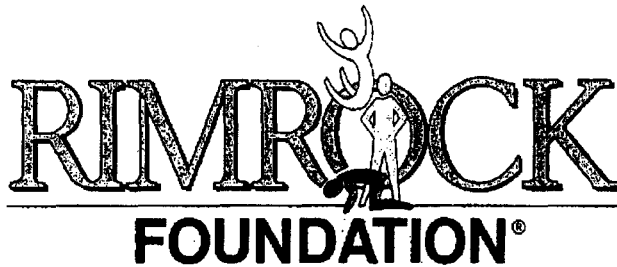
I have been involved with the changes that are being presented. Our Chemical Dependency field has been changing over the last 15 years. Our profession has become more professional through these changes. The Native American programs have worked hard at attaining their certification and meeting the requirements. We want to continue to move forward and not backward. I came into the field when certification and accreditation were just being talked about and there was no action taken. As the years went by, we seen the importance of being more educated and attaining the necessary trainings for our programs. Today, we are required to have an A.A. degree in chemical dependency and continue with required training to maintain of certification. We have met those requirements and the name change to licensure has been long over due for many of us that have been in the Chemical Dependency field.

The 1 year training program that is offered is not be utilized by our programs. We have to maintain a training program on an annual basis to keep our counselors certified. I am not aware of any Native American that has completed this 1 year training program and was hired as a chemical dependency counselor. We have to hire people who have an A.A. degree in Chemical Dependency or a Human Services field that meets the requirements for certification, either Montana State or Northwest Certification. Our programs from the date of hire, the staff person has 1 year to start the process for certification. We have requirements from our granting agencies that we have to meet. I support the phasing out the 1 year training program.

Thank You.

Sincerely,

Karen Duboise
Karen Duboise, Program Director



Leading Quality Treatment in the Northern Rockies
January 8, 2001

EXHIBIT 7
DATE 1/10/01
HB 50

TESTIMONY IN SUPPORT OF HB 50

STATE ADMINISTRATION COMMITTEE

Chairman Allan Walters and members of the committee, we are seeking your support of this bill to correct a longstanding error in nomenclature for Chemical Dependency Counselors.

This bill eliminates the term certified and substitutes the term licensed for professional chemical dependency counselors. This is an appropriate change since the term certified has always applied to professional organizations that choose to offer specialty certification to members who have achieved specialized knowledge in a particular area of study. In all cases, certification is done by the professional or trade association and NOT regulated by a state entity.

The State of Montana has always regulated chemical dependency counselors; developing standards of practice and overseeing those standards for chemical dependency counselors. Because the state itself is the regulating body, the nomenclature should be "licensed" and not "certified". This bill does not change any of the existing standards and has the support of chemical dependency counselors state-wide.

HB-50

Marlene O'Connell RN, MSN, CCDC, LCPC

Good Morning. My name is Marlene O'Connell. I am a registered nurse with a master's degree in psychiatric-mental health nursing. I am also a certified chemical dependency counselor and a licensed clinical professional counselor. As program director of the chemical dependency treatment unit at Benefis Healthcare in Great Falls, Montana and associate faculty member teaching addiction counseling courses at the University of Great Falls, I am here today to speak in support of HB 50 – an act changing the certification of chemical dependency counselors to licensure of addiction counselors and amending the licensure requirements.

Specifically, I am here to speak in support of **eliminating** one year formalized training programs as a basic entry preparation for addiction counselors.

Every day across the State of Montana, lives are enriched or saved by the work of addiction counselors. These counselors form the relationships and carry out the therapeutic treatments necessary for clients to move from the destructiveness of abuse and dependency to recovery and health.

Historically, chemical dependency counselors have been trained in programs developed by treatment agencies rather than academic institutions. These counselors came from the ranks of the patient population who were committed to carrying on the message of their personal recovery. In the programs developed by the treatment agencies they learned through the process of observation and on-the-job training to implement the agency specific treatment program which was often a modified version of a 12 step recovery program such as Alcoholics Anonymous.

Public and private research initiatives have repeatedly demonstrated the cost and therapeutic effectiveness of treatment interventions developed through scientific research and academic inquiry. As our understanding of the addiction process has advanced so have specific treatment interventions such as motivational enhancement therapy, family network therapy, co-occurring disorders and medication advances such as naltrexone or buprenorphine.

As our understanding of how best to intervene in chemical dependency has grown so has the parallel process of preparing addiction treatment professionals. Today, due to a variety of policy and economic factors, the preparation of chemical dependency counselors is being undertaken by colleges and universities, where counselors learn the latest research and a variety of treatment interventions.

As an educator in addictions counseling, I have been involved in the preparation of addiction counselors in one-year and university programs since 1982. From my experience, I know it is just not possible for individuals in a one-year training program to acquire the depth and breath of knowledge necessary to understand human behavior, the

addiction process, co-occurring disorders and the variety of treatment approaches that might be employed to manage the disease.

Recognizing the advances in treatment and the preparation of counselors, the one-year training program operated by Benefis Healthcare (formerly Montana Deaconess Medical Center) in the 80's and early 90's was moved to the University of Great Falls in 1993. As a hospital based program and later as a university based program, the one-year training program averaged one to three students each year or semester. With such insufficient enrollment, the one-year training program at the University of Great Falls was phased out of operation with the graduation of our last student three years ago (1998).

Students themselves have recognized the need for more intensive academic education in order to counsel individuals and families- they seem to also know that the complexity of addictions, research advances, the diversity of treatment approaches and the necessity to network with other professionals such as physicians, psychologists and professional counselors demands more than what can possibly be learned in a one-year on the job training program. The academic programs in chemical dependency counseling have maintained low but adequate enrollment to continue offering the specialty coursework. In fact, most students I work with in the two-year associate degree program recognize the need for advanced education at the baccalaureate or master's level.

Finally, you might ask yourselves – if family, friends or you were to receive counseling for addictions, what level of preparation do you believe is necessary for the counselor to be most effective: a one-year training program or a university degree?

I urge you to continue the advancement of this field and its counseling professionals through support of HB 50.

◆◆◆ **Montana Board, NCC LCPC, CCHC** ◆◆◆

28 Litter Lane
Polson, Mt. 59860
USA

Phone 406-883-3058
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Email pigasus@bigsky.net

EXHIBIT

Tuesday, January 9, 2001

To: Representative Carol Juneau, sponsor HB 50 and HB 183
Representative and Chairman Allan Walters,
and Members of the State Administration Committee

EXHIBIT 9
DATE 1/10/01
HB 50

I respectfully wish to offer written testimony suggesting three amendments to HB 50 and HB 183. Further I ask the Committee to fully consider the long-range fiscal impact of this proposed action on the existing health care system before recommending passage of either or both these bills.

As the "alphabet soup" behind my name indicates, I am a Licensed Professional Counselor who has been certified by the State of Montana to practice chemical dependency counseling since 1989. Seven of the last eleven years of my practice were as Director of a State-approved program and the remainder in private practice. Through experience and advanced training, I also have earned certification as a Master Addiction Counselor from the National Board of Certified Counselors. It is fortunate I earned certification over a decade ago. Because my education in alcohol, drug and addiction counseling was primarily at the Master's level, I could not qualify for certification or licensing today.!

While HB 50 and HB 183 differ in recommended minimum education requirements for certification/ licensing, both restate the current **maximum education limit** contained in MCA 37-35-202 of a baccalaureate or four year degree. I cannot think of a valid reason for excluding persons with advanced degrees from using that education to qualify for certification/licensing!

I propose Sections 9 and 10 of HB 183 and Sections 10 and 12 of HB 50 be amended to include Master level degrees as well as Baccalaureate degrees in counseling related fields as qualification for licensure.

Both bills also require persons seeking certification/ licensing serve a 3,000 hour internship in a State-approved chemical dependency facility. This provision is more restrictive than the internship requirement for licensed professional counselors, social workers or similar professions. Given the low wages, limited number and location of such State-approved agencies and the lack of standardized hiring policies among these agencies, this provision could be the subject of a legal discrimination complaint.

I propose that Section 10 (3) of both bills be amended to read "...3,000 hours of counseling practice supervised by a licensed addiction counselor or licensed member of an allied medical/mental health profession..."

This is the language contained in MCA Title 37-23-202 and provides opportunities for

persons wishing to complete supervised internships for addiction counseling to do so in the private sector as well as in government and government-funded non-profits. This change would provide interns in the addiction field, the same opportunities as those afforded to social work and professional counseling interns

The third proposed amendment is to the definition of "addiction" Section 6 of HB 50 and HB 183. Both bills propose expanding and redefining the definition of chemical dependency currently provided in MCA 53-24-103. Use of the broad term "other drugs..." in this definition could, and probably will be interpreted as including dependence on a variety of legal, over-the counter and prescription substances such as anti-depressants, pain medications, herbal or cosmetic compounds.

I propose the phrase "other drugs" in the definition of addiction be amended to "...illegal drugs, alcohol and other controlled substances..." In the alternative the current definition of chemical dependency from MCA 53-24-103 could be retained.

Finally, as a Montana taxpayer, I ask the Committee to consider the **timing and purpose of the proposed** legislation, which is to make Medicaid and private insurance reimbursement accessible to chemical dependency programs and counselors. I believe that the move to licensure is presented at this time to implement the DPHHS plan to use alcohol tax revenue as a State match to federal Medicaid funds. While this appropriation and plan are not within the scope of the Committee, it should be of paramount concern.

Use of the State alcohol tax money to leverage federal funds, as proposed in the current DPHHS budget, prevents an increased request for funding in the current biennium. However, it launches a new area of the human service bureaucracy which will require more regulatory personnel, increased funding and further expansion of the Medicaid system in future years. Further, if Federal Medicaid funds are not expanded, funding to medical doctors, dentists, mental health providers and pharmacists could be further reduced to accommodate the new services and new class of providers.

Nationally, there is a trend to incorporate chemical dependency services into the existing Mental Health systems. In fact, DPHHS co-sponsored a conference in October in which experts from Maine and other states spoke to the merits and cost-saving of such action.

The legislation to license chemical dependency counselors appears to be a move in the opposite direction in that it expands the autonomy and reach of the existing, tax-funded chemical dependency system. Passage of this legislation most likely will lead to expanded Medicaid and health costs beyond the current biennium. I ask the Committee to address this concern and my proposed amendments before taking action on this legislation.

Thank you for your attention.

Sincerely,

Kathe Randle.

HOUSE OF REPRESENTATIVE
ROLL CALL

STATE ADMINISTRATION COMMITTEE

DATE 1/10/01

<u>NAME</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>EXCUSED</u>
REP. ALLAN WALTERS, CHAIRMAN	X		
REP. DEBBY BARRETT, V.C. MAJORITY	X		
REP. TOM DELL, V.C. MINORITY	X		
REP. DOUG MOOD	X		
REP. FRANK SMITH	X		
REP. DEE BROWN	X		
REP. MICHELLE LEE	X		
REP. LARRY LEHMAN	X		
REP. RALPH LENHART	X		
REP. ALAN OLSON	X		
REP. NORMA BIXBY	X		
REP. RICK RIPLEY	X		
REP. CLARICE SCHRUMF	X		
REP. HOLLY RASER	X		
REP. GAY ANN MASOLO	X		
REP. HAL JACOBSON	X		
REP. DON HEDGES	X		
REP. LARRY JENT	X		

**MONTANA HOUSE OF REPRESENTATIVES
VISITORS REGISTER
HOUSE STATE ADMINISTRATION COMMITTEE**

DATE 1/10/01

BILL NO. 41650

SPONSOR(S) Rep. Jurean

TYPE
PROPONENT (P) OPPONENT (O) INFORMATIONAL (I)

PLEASE PRINT

PLEASE CIRCLE	NAME	ADDRESS	REPRESENTING
POI	Cynthia Reichenbach	Great Falls, MT	Dept. of Commerce
POI	Marlene O'Connor	Box 20th St. S. Great Falls, MT	Univ. of Great Falls
POI	Kristi Blazek	PO Box 748 Polson, MT	MANDC
POI	Mary Lefthand	Crow Agency, MT	NACDA
POI	Larry Walker	200 S. 2nd St. W. Billings, MT	NRAA/RZ
POI	Ron Ladue	Box 819 Browning MT	BIKFT. Comm. College
POI	Rosa Addington	Commerce - PO	Info only
POI	Debi Sanchez	1002 W. Benton Helena	MT. Republic Assoc.
POI	Kristi Blazek / Canada Payne	PO Box 1144 Helena	Rocky Mts. Assoc.
POI	Annie Barros	1424 9th Ave	DOC
POI			
POI			
POI			
POI			

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony

S:\HOUSE STATE ADMIN FORMS\visitor register.frm

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
57th LEGISLATURE - REGULAR SESSION
COMMITTEE ON STATE ADMINISTRATION**

Call to Order: By **CHAIRMAN ALLAN WALTERS**, on January 17, 2001 at 8:00 A.M., in Room 455 Capitol.

ROLL CALL

Members Present:

Rep. Allan Walters, Chairman (R)
Rep. Debby Barrett, Vice Chairman (R)
Rep. Tom Dell, Vice Chairman (D)
Rep. Norma Bixby (D)
Rep. Dee Brown (R)
Rep. Donald L. Hedges (R)
Rep. Hal Jacobson (D)
Rep. Larry Jent (D)
Rep. Michelle Lee (D)
Rep. Larry Lehman (R)
Rep. Ralph Lenhart (D)
Rep. Gay Ann Masolo (R)
Rep. Douglas Mood (R)
Rep. Alan Olson (R)
Rep. Holly Raser (D)
Rep. Rick Ripley (R)
Rep. Clarice Schrupf (R)
Rep. Frank Smith (D)

Members Excused: None.

Members Absent: None.

Staff Present: Sheri Heffelfinger, Legislative Branch
Ruthie Padilla, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: HB 90, 1/11/2001
Executive Action: HB 47; HB 38; HB 152; HB 28;
HB 50; HB 91; HB 97

EXECUTIVE ACTION ON HB 28

{Tape : 2; Side : A; Approx. Time Counter : 16.7}

Motion: REP. OLSON moved that HB 28 DO PASS.

Substitute Motion/Vote: REP. MASOLO made a substitute motion that HB 28 BE TABLED. Substitute motion carried 15-3 with Bixby, Lenhart, and Smith voting no.

EXECUTIVE ACTION ON HB 50

{Tape : 2; Side : A; Approx. Time Counter : 19.5}

Motion: REP. SMITH moved that HB 50 DO PASS.

Motion: REP. SMITH moved that HB 50 BE AMENDED. EXHIBIT(5)

Discussion:

REPRESENTATIVE SMITH said he spoke to insurance companies and they wanted the effective date to be January 1, 2002 instead of October 1, 2001 because most of their policies start on January 1st. The amendment he submitted will change the dates to reflect this.

Motion: REP. SMITH moved that HB 50 BE AMENDED. Vote: Motion carried unanimously.

Motion/Vote: REP. SMITH moved that HB 50 DO PASS AS AMENDED. Motion carried 17-1 with Masolo voting no.

EXECUTIVE ACTION ON HB 183

{Tape : 2; Side : A; Approx. Time Counter : 24.6}

Motion: REP. RIPLEY moved that HB 183 DO PASS.

Discussion:

REPRESENTATIVE LEHMAN stated he apposes a do pass on HB 183.

REPRESENTATIVE RASER said she has spoken to several individuals who are in the chemical dependency field. Most of their concerns were wanting to raise the quality of the people who are Licensed Chemical Dependency Councilors. We do need to have people served well, if we intend to actually cure them. Individuals are

EXHIBIT 5
DATE 1/17/01
HB 50

Amendments to House Bill No. 50
1st Reading Copy

Requested by Representative Frank Smith

For the House State Administration Committee

Prepared by Sheri Heffelfinger
January 12, 2001 (11:48AM)

1. Page 16, line 16.

Strike: "October 1, 2001"

Insert: "January 1, 2002"

- END -

MINUTES

**MONTANA SENATE
57th LEGISLATURE - REGULAR SESSION
COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY**

Call to Order: By **CHAIRMAN AL BISHOP**, on February 2, 2001 at 3 P.M., in Room 317-A Capitol.

ROLL CALL

Members Present:

Sen. Al Bishop, Chairman (R)
Sen. Duane Grimes, Vice Chairman (R)
Sen. Chris Christiaens (D)
Sen. Bob DePratu (R)
Sen. Eve Franklin (D)
Sen. Don Hargrove (R)
Sen. Dan Harrington (D)
Sen. Royal Johnson (R)
Sen. Jerry O'Neil (R)

Members Excused: Sen. Fred Thomas (R)
Sen. Emily Stonington (D)

Members Absent: None.

Staff Present: Jeanne Forrester, Committee Secretary
Susan Fox, Legislative Branch

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: HB180, 1/23/01, HB 50, 1/23/01
Executive Action: HB 180, HB 50, SB 257, SB 290
SJ8

HEARING ON HB 180

Sponsor: REP. TIM CALLAHAN, HD 43, Great Falls

Proponents: Sandy Oitzinger, Montana Juvenile Probation Officers Association
Sami Butler, Montana Nurses Association

Opponents: None

Opening Statement by Sponsor:

REP. TIM CALLAHAN, HD 43, Great Falls, introduced SB 180. He said this is a bill that would provide that a medical examination be required before a youth may be admitted to a facility under an order of commitment to the Department of Corrections and may be performed by physician's assistant (PA) or an advanced practice registered nurse (APRN).

Proponents' Testimony:

Sandy Oitzinger, Montana Juvenile Probation Officers Association, said the association would like to stand in support of this bill. She felt this is a logical and sensible approach for providing examinations for committed youth.

Sami Butler, Montana Nurses Association, she said they support this bill.

Opponents' Testimony: None

Questions from Committee Members and Responses:

SENATOR AL BISHOP asked if this would in any way save some money by having the nurses do the examination. REP. CALLAHAN said rural counties will save money by not having to travel to larger towns for these examinations.

Closing by Sponsor:

REP. TIM CALLAHAN appreciated the opportunity to be there.

HEARING ON HB 50

Sponsor: REP. CAROL JUNEAU, HD 85, Browning

Proponents: Steve Meloy, Department of Commerce
Kristi Johnson, Montana Association of Alcohol and
Drug Counselors
Cheryl Nelson, Chemical Dependency Counselor
Karen Dubois, Program Director of the Spotted Bull
Treatment Center
Joel Wagner, Department of Commerce
Marlene O'Connor, Program Director Benefis Healthcare
Kristi Blazer, Rimrock Foundation

Opponents: None

Opening Statement by Sponsor:

REP. CAROL JUNEAU, HD 85, Browning introduced HB 50 on behalf of the Department of Commerce. This bill is an act changing the certification of chemical dependency counselors to licensure of addiction counselors.

Proponents' Testimony:

Steve Meloy, Department of Commerce, presented a list of those who would provide testimony EXHIBIT(1). He said this program came to them from the Department of Public Health and Human Service in 1997. He stated certification is a lesser step than licensing and he felt this bill was a housekeeping measure. This bill would eliminate the one year program for a chemical dependency counselor, since there are no more one year licensing programs in the state of Montana. Mr. Meloy then passed out statistics for the past 24 months EXHIBIT(2) and a copy of his testimony EXHIBIT(3).

Kristi Johnson, Montana Association of Alcohol and Drug Counselors, urged the committee to support this HB 50. She submitted a copy of her testimony EXHIBIT(4). She said this bill would increase the counselor's ability to bill the insurance companies, as insurance companies insist on the word licensed, rather than certified. Eliminating the one year training program is important, because chemical dependency issues become more complex as time goes on. This bill will not cause anyone to lose anything, because they would be grandfathered in. Ms. Johnson submitted a letter from William Malone EXHIBIT(5).

Cheryl Nelson, Chemical Dependency Counselor, Lake County, was here on behalf of Ron Ledo and submitted a copy of his testimony EXHIBIT(6).

Karen Dubois, Program Director of the Spotted Bull Treatment Center, Poplar, submitted a copy of her testimony EXHIBIT(7).

Joel Wagner, Department of Commerce, presented a copy of his testimony EXHIBIT(8). He also submitted a copy of testimony from Lorrin Walker EXHIBIT(9) and EXHIBIT(10).

Marlene O'Connor, Program Director Benefis Healthcare, Great Falls, submitted a copy of her testimony EXHIBIT(11).

Kristi Blazer, Rimrock Foundation, Billings, and Montana Addiction Service Provider (MASP), said the Rimrock Foundation is the oldest and largest chemical dependency treatment center in Montana. She said they support HB 50 and she submitted testimony from **Mona Sumner EXHIBIT(12)**.

Opponents' Testimony: None

{Tape : 1; Side : A; Approx. Time Counter : 0}

Questions from Committee Members and Responses:

SEN. ROYAL JOHNSON asked why you cross out "successfully completed one year of training" in one part of the bill, and then leave it in another. **Cynthia Reichenbach, Department of Commerce** replied the sections he was making reference to were an effort to include those who have completed a one year training program.

SEN. JOHNSON asked when this bill goes into effect. **Ms. Fox** explained that the licensure part of the bill will go into effect January 1, 2002; and January 1, 2004 is the date the one-year training is eliminated.

SEN. JOHNSON asked what the limit of liability was for the state of Montana, in regard to as little training this bill provides. **Mr. Melloy** if it can be proven someone was licensed erroneously, the state would be liable. **Ms. Reichenbach** replied the Chemical Dependency Program has an ethics panel in place, and a person who is certified is obligated to comply with that code of ethics.

SEN. JOHNSON asked why the one year of training was not enough training. **Ms. O'Connell** said the one year of training has a limited amount of classroom training, with the bulk of the training done working in a chemical dependency center. This provides a very limited amount of academic learning. She would advocate phasing out the one year training program.

SEN. JERRY O'NEIL asked how many people are practicing with only one year of training. **Ms. O'Connell** said she did not know; however, no one has graduated from the one-year program in her school since 1998.

SEN. O'NEIL asked if those with the one year of education are doing a worse job than those with a two-year education. **Ms. Reichenbach** said she did not agree with that statement.

SEN. O'NEIL asked if the one-year program worked for others, why wouldn't it work for everyone. **Ms. Reichenbach** said many new

advancements and data have become available, and one cannot receive all the information in a one year program.

SEN. DON HARGROVE asked if removing the one year program will cause a shortage of chemical dependancy counselors. **Ms.**

Reichenbach said removing the one year program should not impact that component of their profession. **SEN. HARGROVE** said he had recently learned more tax payer dollars are spent on substance abuse and he applauded what they do.

Closing by Sponsor:

REP. JUNEAU thanked the committee for a good hearing and thanked the Department of Commerce for work they do. She said **SEN. HARGROVE** would carry this bill on the Senate floor.

EXECUTIVE ACTION ON HB 180

Motion/Vote: **SEN. JOHNSON** moved that HB 180 DO PASS. Motion carried 9-0. **SENATORS GRIMES** and **THOMAS** voted by proxy

SEN. HARRINGTON agreed to carry HB 180 on the Senate floor.

EXECUTIVE ACTION ON HB 50

Motion: **SEN. JOHNSON** moved that HB 50 DO PASS.

Discussion:

SEN. O'NEIL did not think that one year of training is hurting anything.

SEN. HARRINGTON said this field has become so large and there is so much more to learn.

SEN. BOB DEPRATU said as we grow in this field, we need more training.

SEN. BISHOP said he had a saying "Young Doctors and Old Lawyers" are what you should look for when you are looking for a doctor or lawyer.

Vote: Motion carried 8-1 with O'Neil voting no. **SENATORS GRIMES** and **THOMAS** voted by proxy.

REPRESENTATIVE CAROL JUNEAU

EXHIBIT NO. 1

February 2, 2001, ROOM 317A

DATE 2-2-01

BILL NO. HB 50

Name change from Certified Chemical Dependency Counselor, C.C.D.C., to Licensed Addiction Counselor L.A.C., and elimination of 1-year training programs as a minimum education requirement for Chemical Dependency Counselor applicants.

"CCDC" STANDS FOR CERTIFIED CHEMICAL DEPENDENCY COUNSELOR

NAME	REPRESENTING	Type of Testimony	TOPIC
STEVE MELOY	DEPARTMENT OF COMMERCE, Division Administrator	PRESENT	-Licensure -elimination of 1-yr.training program
KRIS JOHNSON	MAADAC Past President, State Approved Program Director, & CCDC	PRESENT	-Licensure -elimination of 1-yr.training program
BILL MALONE	National Association of Alcoholism & Drug Abuse Counselors, President	WRITTEN	-Licensure -elimination of 1-yr.training program
RON LADUE	Community College Faculty & CCDC	PRESENT	-elimination of 1-yr.training program
KAREN DUBOISE	Advisory Council Member Dept. of Commerce Chemical Dependency Program, Native American Program Director, Member of the Native American Program Directors Association, & CCDC	WRITTEN	-elimination of 1-yr.training program
JOEL WAGNER	Consumer, & Public Member of Commerce 1999 Task Force	PRESENT	-Licensure -elimination of 1-yr.training program
LORRIN WALKER	Private Practitioner, NAADAC Commissioner, Advisory Council Member, Dept. of Commerce Chemical Dependency Program & CCDC	WRITTEN	-Licensure -elimination of 1-yr.training program
MARLENE O'CONNELL	University of Great Falls Faculty & CCDC	WRITTEN & PRESENT	-elimination of 1-yr.training program
CYNTHIA REICHENBACH	Dept. of Commerce, Program Manager & CCDC	PRESENT	AVAILABLE TO ANSWER QUESTIONS AND PROVIDE INFORMATION

SENATE PUBLIC, HEALTH, WELFARE AND SAFETY COMMITTEE

SENATE PUBLIC, HEALTH, WELFARE AND SAFETY COMMITTEE

In the past 24 months, the Department of Commerce, Professional and Occupational Licensing, Chemical Dependency Certification Program has accepted 68 applications for Chemical Dependency Counseling. Below are the Universities and the degree designation for those 68 applicants.

SENATE NO. 2
DATE 2-2-01
BILL NO. HB50

Blackfeet Community College Browning, MT.	2 applicants Associate of Arts degree - 2
Dawson Community College Glendive, MT.	1 applicant Associate of Arts degree - 1
Dull Knife College Lame Deer, MT.	1 applicant Associate of Arts degree - 1
Eastern-Billings, MT.	4 applicants Bachelors of Science degree - 3 Masters degree - 1
Flathead Valley Community College Kalispell, MT.	0 applicant
Ft. Peck Community College Poplar, MT.	1 applicant Associate of Arts degree - 1
Military Endorsement	1 applicant Bachelors of Art degree - 1
Montana State University Billings, MT.	1 application Masters degree - 1
Montana State University Bozeman, MT.	2 applications Masters degree - 1 Bachelors of Art degree - 1
Salish Kootenai College Pablo, MT.	7 applicants Associate of Arts degree - 4 Bachelors of Science/Arts degree - 3
Stone Child Community College Box Elder, MT.	1 applicant Associate of Arts degree - 1
University of Great Falls Great Falls, MT.	16 applicants Associate of Arts degree - 9 Bachelors of Science/Arts degree - 4 Masters degree - 3
University of Great Falls Great Falls, MT.	1 applicant 1-yr training program - 1
University of Montana Missoula, MT.	5 applicants Bachelors of Science/Arts degree - 3 Masters degree - 2
Out of State	25 applicants Associate of Arts degree - 1 Bachelors of Science/Arts degree - 11 Masters degree - 12 Doctoral degree - 1

In summary of the last 24 months, the 68 Chemical Dependency Counselor applications included the follow education:

<u>01</u>	1-Year Training Program,
<u>20</u>	Associates of Arts degrees,
<u>26</u>	Bachelors degrees,
<u>20</u>	Masters degree, and
<u>01</u>	Doctoral degree
<u>68</u>	Total

February 2, 2001

SENATE NO. 3
HOUSE NO. 3
DATE 2-2-01
BILL NO. HB50

HB #50

Steve Meloy

Department of Commerce, Professional and Occupational Licensing

Good afternoon. My name is Steve Meloy. I am the Division Administrator for the Department of Commerce, Professional and Occupational Licensing.

I thank-you all in advance for your time and attention to house bill #50.

Briefly, the bill proposes two issues. First, it proposes a language change from 'certified chemical dependency counselor' to 'licensed addiction counselor.'

-Since coming to Commerce in 1997, the Chemical Dependency Certification Program has operated as a licensing program, not as a certifying program. This is a 'housekeeping' issue from the Departments standpoint.

-From the Professions standpoint, the name change hold specific meaning particularly in light of third party reimbursement. Unless the state offers counselor 'licensure', insurance companies tend to NOT reimburse for services.

-The language 'licensed addiction counselor' is the most predominant title used across the United States. As with other professions who began many years ago, titles were not as important to either the profession or to the public as they are today. As a result of the emphasis in holding professionals responsible for their behavior, the title Licensed Addiction Counselor has been included by state legislative bodies across the nation.

-'Addiction' is clearly defined in HB50 to include ONLY alcohol and drugs dependency. With current educational levels, counselors are qualified to diagnosis and treat alcohol and drug dependency. Until counselors engage in higher levels of education, they are restricted to treating only these two diagnoses. Chemical dependency counselors SHALL NOT treat other addictions outside of this scope of practice.

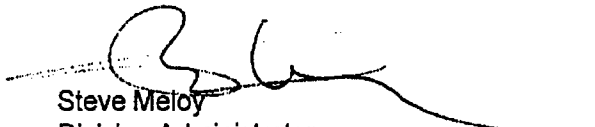
Secondly, the bill recommends the elimination of one-year training programs as an education option for chemical dependency counselors.

One-year training programs were very popular throughout the 1970's-80's as training sites for chemical dependency counselors. Since that time, Associate of Arts degree programs in colleges has replaced the training programs. The last of the one-year training programs in Montana, closed in the mid '90's and there are currently no active training programs in Montana. In the past 24 months, the Department of Commerce has processed 68 applications for counselors. Of those 68 applications, one was successfully submitted with a one-year training program as the education requirement. The bill proposes to sunset the one-year training program option in 2004.

House bill 50 is an effort to reflect what are actual and definite changes that have occurred in the Chemical Dependency profession.

Again, I appreciate your time, attention, and support of HB #50.

Respectfully Submitted,


Steve Meloy
Division Administrator

LEGISLATIVE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 2-2-01
BILL NO. HB50

Honorable Committee Members:

Please support HB50.

This bill will allow Substance Abuse Counselor's to bill insurance companies with greater success. There are insurance companies that will not pay a claim unless is signed by a licensed person. Our Montana Counselor's provide much needed services to our communities, often without adequate reimbursement, this bill will help alleviate some of these problems.

Removing the one year training program will provide consumer protection and increase professionalism in the field. One year is no longer adequate for counselor to prepare to deal with addiction issues. Substance abuse clients can be quite complex and the skills needed to address these problems in a way that always for a timely recovery and return to a healthy living style need to be addressed by counselor's with many areas of skill.

Thank You,



Kristi Johnson CCDC

Past President Montana Association of Chemical Dependency Counselors
Director Lake County Chemical Dependency Program

**NAADAC****National Association of Alcoholism
and Drug Abuse Counselors**1911 North Fort Myer Drive, Suite 900, Arlington, VA 22209
703/741-7686 800/548-0497 • FAX: 703/741-7698 800/377-1136DATE 2-2-01
BILL NO. HB50

January 8, 2001

State of Montana, Department of Commerce
Chemical Dependency Certification Program
Attn: Cindy Reichenbach
P.O. Box 200513
Helena, MT 59620-0513

Dear Ms. Reichenbach:

The purpose of this letter is to indicate the unequivocal support of this Association of your legislative initiative to license alcoholism and drug abuse counselors in Montana.

We have been in support of similar advances in many other states who have set in place licensure instead of certification or credentialing. The NAADAC support of these initiatives has been formalized in Position Statement form since early 1995.

State licensing of our counselors offers advantages to the state, the individual counselor, and the ultimate consumer. Principally, the state can effectively insure its citizens that the individual so licensed to provide addiction treatment services is properly trained, tested, and competent.

A copy of the position statement is attached for you information and use.

Sincerely,

William K. Malone, ACA
Colonel, U.S. Army, Retired
Chief Operations Officer and
Certification Administrator

POSITION STATEMENT **National Association of Alcoholism and Drug Abuse Counselors**

1911 North Fort Myer Drive, Suite 900, Arlington, VA 22209 703/741-7696 800/548-0497

STATE LICENSURE OF ALCOHOL AND DRUG COUNSELORS

The National Association of Alcoholism and Drug Abuse Counselors (NAADAC) strongly supports the enactment of legislation in the states which establishes the licensure of Alcohol and Drug Counselors (ADCs). Such laws not only promote the growth and development of the alcohol and drug addiction counseling profession, but also serve to protect the public and ensure that treatment services are provided by trained, tested and competent professionals.

Typically, there are two types of licensure laws: title acts and practice acts. Title acts place a limit on who may use a specific professional title or designation. These laws regulate only those who are permitted to hold such titles. Practice acts not only place requirements on the usage of professional titles, but also specify who may engage in the practice of a particular profession. The underlying intent of both types of laws is to inform and protect the public. NAADAC believes that the public interest would best be served by the implementation of state practice acts.

Practice licensure acts are very explicit regarding who may practice professionally in a state. They set standards of qualifications, education, training and experience for those who seek to obtain a license and hold the title of professional alcohol and drug counselor. Lawful practice is limited to those persons holding a state license. In addition to the ability to practice, in recent years licensure has also become a requirement in many states for third party reimbursement eligibility by way of any state mandates regulating insurance codes.

The adoption of state licensure laws will promote an increase in the credibility and professionalism for the alcoholism and drug addiction treatment field. This field is relatively young (certification processes are no older than 20 - 25 years), and the profession is experiencing many of the growing and maturation pains that have occurred in other professions. The development of academic requirements and competency standards, coupled with state licensing and oversight is parallel to the experience in the medical and other allied health professions. The alcoholism and drug addiction treatment profession is filled with individuals who bring to their work an impressive record of educational and/or professional experience and achievement. Licensure is a necessary step in the further development of the alcoholism and drug abuse treatment field.

Moreover, many states have adopted changes in their health care systems which have moved Medicaid and lower income populations into managed care plans. Many, if not most of these managed care organizations seek practitioners who are degreed and state licensed. Other licensed professions are developing certifications or designations for addictions providers. Some of these professionals have very limited experience in addictions treatment and relatively little education in the field. If Alcohol and Drug Counselors are not licensed in these states, they risk being excluded from the treatment of the people who most need their services.

Licensure practice acts establish an organized system which ensures that the delivery of these vital health care services are provided by trained and experienced professionals who have

POSITION STATEMENT

National Association of Alcoholism and Drug Abuse Counselors

1911 North Fort Myer Drive, Suite 900, Arlington, VA 22209 703/741-7600 800/548-0497

met rigorous educational and training requirements prior to being licensed as LADCs. This is important not only for the continued growth and development of the field, but also for the protection of the consumers of these services. Counselors who have met the licensing requirements outlined in the NAADAC Model Legislation for State Licensure of Professional Alcohol and Drug Counselors constitute the one group of professionals who specialize in the diagnosis, assessment and treatment of psychoactive disorders and other substance use/abuse/dependency. These counselors possess a constellation of knowledge that is unique to the alcoholism and drug abuse counseling profession, and distinguishes ADCs from other related health care professions and specialties. The licensing of Alcohol and Drug abuse counselors will help to ensure that those persons that suffer from an addiction disease will receive treatment from a qualified, experienced and competent professional.

Licensure of Alcohol and Drug Counselors benefits not only the treatment profession, but also addicted persons, their families and communities, as well as the citizens of the enacting states.

February 1995

SENATE COMMITTEE ON PUBLIC SAFETY
EXHIBIT 11
DATE 2-2-01
BILL NO. HB 50

January 29, 2001

2001 Montana Legislature
Senate Committee
Public Health, Welfare, and Safety

Bill Draft Number: LC 0239

Bill Type - HB
Number: 50

Senate Committee:

RE: Written Testimony in support of HB 50/LC 0239:

My name is Ron La Due, I am a Certified Chemical Dependency Counselor in the State of Montana, Certificate # 439. I have worked in the Chemical Dependency Addictions Counseling field since 1984, as an outreach, outpatient, inpatient, program manager, counselor trainer.

During the past 17 years (1984-2001) I have studied and researched the field of addictions and chemical dependency. During this time, I have developed college course work and conducted training seminars for addictions counselors. As a result, it has become very clear to me that the field of addictions counseling can no longer allow unqualified and improperly trained counselors to practice in the field of addictions and chemical dependency without meeting acceptable minimum education standards.

Due to the ever-widening complexity of the addictions field and personnel, behavioral, social, and family issues that arise due to addictive behavior. The ONE-YEAR REQUIREMENT FOR EDUCATION AND TRAINING OF ADDICTIONS COUNSELORS IS NO LONGER ACCEPTABLE, and I encourage you to support the legislation to change the minimum educational requirements for addiction counselors.

Thank You,

Ron LaDue, MEd., CDC #439
Box 1804
Browning, Mt. 59417

JANUARY 8, 2001

SENATE HEALTH & WELFARE

EXHIBIT NO. 67

DATE

2-2-01

HB 50

Testimony: Department of Commerce House Bill 110

Name change to licensure and phasing out of 1-year training programs

Hello, My name is Karen Duboise, I am the Program Director of the Spotted Bull Treatment Center on the Fort Peck Indian Reservation, Poplar, Montana. I am an enrolled Sioux Tribal member of the Fort Peck Tribes. I have worked for the Spotted Bull Treatment Center for 17 years and held the Program Director position for 10 years. I am currently an active members of the State Advisory Council for the Commerce Chemical Dependency Program; an active member of the Native American Chemical Dependency Directors Association and State Certified Chemical Dependency Counselor since June, 1987.

I have been involved with the changes that are being presented. Our Chemical Dependency field has been changing over the last 15 years. Our profession has become more professional thru these changes. The Native American programs have worked hard at attaining their certification and meeting the requirements. We want to continue to move forward and not backward. I came into the field when certification and accreditation were just being talked about and there was no action taken. As the years went by, we seen the importance of being more educated and attaining the necessary trainings for our programs. Today, we are required to have an A.A. degree in chemical dependency and continue with required training to maintain of certification. We have met those requirements and the name change to licensure has been long over due for many of us that have been in the Chemical Dependency field.

The 1 year training program that is offered is not be utilized by our programs. We have to maintain a training program on an annual basis to keep our counselors certified. I am not aware of any Native American that has completed this 1 year training program and was hired as a chemical dependency counselor. We have to hire people who have an A.A. degree in Chemical Dependency or a Human Services field that meets the requirements for certification, either Montana State or Northwest Certification. Our programs from the date of hire, the staff person has 1 year to start the process for certification. We have requirements from our granting agencies that we have to meet. I support the phasing out the 1 year training program.

Thank You.

Sincerely,


Karen Duboise, Program Director

To: Joel
Subject: RE: HB # 50

7
SENATE HEALTH & HUMAN SERVICES
EXHIBIT NO. 8
DATE 2-2-01
BILL NO. HB 50

-----Original Message-----

From: Joel [mailto:jws678@in-tch.com]
Sent: Thursday, February 01, 2001 6:36 PM
To: Reichenbach, Cynthia
Subject: Re: HB # 50

Subject: HB # 50

Senate Committee

My name is Joel E. Wagner, LUTCF.

At the request of the Department of Commerce, Chemical Dependency Program, I served as a public member/consumer on the 1999 Task Force. The committee's tasks were to identify legislative concept proposals and make recommendations to the Department.

I would like to voice my support of House Bill # 50. While on the committee I recognized the need to insure that quality services and high standards for counselors is critical for the development of people in said field. By raising the standard for licensing we are one step closer to bringing the program up to the standards of neighboring states. It would seem that higher standards would lead to increased acceptance of higher base salary and an overall higher degree of success for the program in general.

In summary, I support the title change to licensed addiction counselor. I believe that the public would better understand the minimum requirement of licensed counselors and it would benefit them in the decision of a professional to see.

Thank You,
Joel Wagner, LUTCF

**The • Threshold • Group**

SENATE HEALTH & WELFARE

COMMIT NO. 9

DATE 2-2-01

COUNCIL HB50

Lorin F. Walker Ed.D., L.C.P.C.
Ella Dugan-Laemmle, M.S., C.C.D.C., L.C.P.C.

Peggy Smith, M.N., R.N., L.C.P.C.
Jeannie A. Acheson, MSW, L.S.W.

January 6, 2001

Cynthia Reichenbach, Program Administrator
Chemical Dependency Certification Program
Montana Department of Commerce
Professional and Occupational Licensing Division
P. O. Box 200513
Helena, MT 59620-0513

Dear Cynthia,

I am writing this letter in support of the elimination of the one year certification program as a minimal requirement for academic education for Chemical Dependency Counselors.

I support my recommendation on the basis of three specific issues:

1. The one year certification program is currently considered an inadequate preparation for counselors and nationally becoming no more than an historic process. In the 1950's, one year certification programs provided an intensified program of knowledge and skills to recently recovering alcohol and drug addicts. These programs provided these individuals in recent recovery an entrance into the chemical dependency profession. Now, however, one year certification programs are obsolete and all but nonexistent. The famous programs, like Hazelden one year program, no longer support one year certification programs but have moved to a minimum of a two year formalized AA degree program in conjunction with their state higher education. Across the United States, one year certification programs are legislatively being removed as minimal preparation for Licensed Addiction Counselors.

Consultants in Human Development

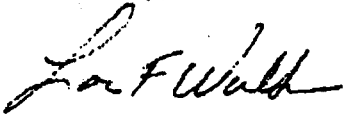
1001 S. 24th Street West, Suite 311 • Billings, MT 59102 • (406) 652-3100
Box 1311 • Red Lodge, MT 59068 • (406) 220-0899
Fax (406) 652-6418 • Toll Free 1-800-669-6315

Page 2

2. Private programs within other states are still graduating students from one year certificate programs. Although they may not be able to meet the minimum qualifications within their own state, they are looking for geographic areas which still permit low levels of preparation for chemical dependency counselors. An example would be Minnesota, where it still has private programs graduating one year certificate students who are ineligible to work in Minnesota as Chemical Dependency Counselors due to their inadequate education. These counselors then begin looking for states that they can move to which allow one year certificate preparation as a minimum qualification. Currently, Montana is one of those states. It is important that we remove the one year certification program as a minimal standard in order to prevent inadequately prepared individuals from being accepted into our profession and providing services to citizens in the State of Montana.
3. Currently, there are no state approved, active one year certificate programs in the State of Montana. The Great Falls College one year program has dropped their one year certificate program due to both low student enrollment and inadequate preparation for the profession of chemical dependency counseling. There are private programs who would wish to have a one year certificate program as a means of generating revenue and providing counseling staff which would be reimbursed at a much lower level than adequately prepared Chemical Dependency Counselors.

In summary, historically the one year certificate program has provided entrance of many qualified counselors into the field. 50 years of progress, not only within the profession but within the society, has led to the need for a much higher level of academic preparation for Chemical Dependency Counselors. Both nationally and within the state, it is acknowledged that the knowledge, skills and attitudes of Chemical Dependency Counselors are not best learned in a one year certificate program, but at a much higher level of academic preparation. Therefore, it is my recommendation that we drop the one year certificate program as a means of protecting not only our profession, but the clientele for whom these individuals may provide services within the State of Montana.

Sincerely,



Lorrin F. Walker, Ed.D.
Montana State Certified Chemical Dependency Counselor
Member of Chemical Dependency Certification Program Advisory Board

LFW:rd



The • Threshold • Group

SENATE HEALTH & WELFARE
EXHIBIT NO. 10
DATE 2-2-01
BREWED NO. HB 50

Lorin F. Walker Ed.D., L.C.P.C.
Ella Dugan-Laemmle, M.S., C.C.D.C., L.C.P.C.

Peggy Smith, M.N., R.N., L.C.P.C.
Jeannie A. Acheson, MSW, L.S.W.

January 6, 2001

Cynthia Reichenbach, Program Administrator
Chemical Dependency Certification Program
Montana Department of Commerce
Professional and Occupational Licensing Division
P. O. Box 200513
Helena, MT 59620-0513

Dear Cynthia,

As a member of the National Association for Alcohol and Drug Abuse Counselors National Certification Commission, I am writing in support of the Chemical Dependency Certification Program's title change from Chemical Dependency Counselor to Licensed Addiction Counselor.

There seem to be three specific issues which I wish to address:

1. My understanding from the Department of Commerce is that certification is an inappropriate title and as a house cleaning issue only, the change of title to licensure is most appropriate. This is true because the title certification is a voluntary process used by national associations, private endeavors, as well as other formal associations to identify individuals who have met certain criteria to hold the title of Certified. As such, the title Certified becomes very confused with other voluntary processes. The title Licensed is only provided by states and is not provided by private organizations or national associations.
2. From a private practitioner's point of view here in the State of Montana, although the Department of Commerce interprets the title Certified as the same as Licensed, many state and national insurance and other third party payers do not recognize the title Certified as a reimbursable profession. The title Licensed Addiction Counselor is very clear, very appropriate and meets the needs of not only state approved program counselors, but also counselors in independent practice.

Consultants in Human Development

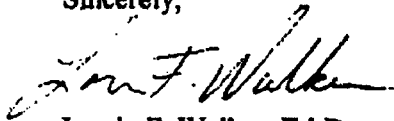
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3. The word Licensed used with Chemical Dependency Counselors or Addiction Counselors is the most predominant title used across the United States. As with other professions who began many years ago, titles were not as important to either the profession or to the public as they are today. As a result of the emphasis in holding professionals responsible for their behavior, the title Licensed has been included by state legislative bodies across the nation. It is my recommendation that the title of Chemical Dependency Counselor be changed to Licensed Addiction Counselor to more appropriately reflect responsibility of the professional as well as accurately identifying who that professional is responsible to.

In summary, I support the title change to Licensed Addiction Counselor with focus on appropriate language, direct benefit to the profession, as well as a clarifying change which will benefit citizens in general.

Sincerely,



Lorrin F. Walker, Ed.D.
NAADAC National Certification Commissioner
Montana State Certified Chemical Dependency Counselor

LFW:rld

HB-50

Marlene O'Connell RN, MSN, CCDC, LCPC

SENATE HEALTH & WELFARE
EXHIBIT NO. 14
DATE 2-2-01
BPL NO. HB50

Good Morning. My name is Marlene O'Connell. I am a registered nurse with a master's degree in psychiatric-mental health nursing. I am also a certified chemical dependency counselor and a licensed clinical professional counselor. As program director of the chemical dependency treatment unit at Benefis Healthcare in Great Falls, Montana and associate faculty member teaching addiction counseling courses at the University of Great Falls, I am here today to speak in support of HB 50 – an act changing the certification of chemical dependency counselors to licensure of addiction counselors and amending the licensure requirements.

Specifically, I am here to speak in support of **eliminating** one year formalized training programs as a basic entry preparation for addiction counselors.

Every day across the State of Montana, lives are enriched or saved by the work of addiction counselors. These counselors form the relationships and carry out the therapeutic treatments necessary for clients to move from the destructiveness of abuse and dependency to recovery and health.

Historically, chemical dependency counselors have been trained in programs developed by treatment agencies rather than academic institutions. These counselors came from the ranks of the patient population who were committed to carrying on the message of their personal recovery. In the programs developed by the treatment agencies they learned through the process of observation and on-the-job training to implement the agency specific treatment program which was often a modified version of a 12 step recovery program such as Alcoholics Anonymous.

Public and private research initiatives have repeatedly demonstrated the cost and therapeutic effectiveness of treatment interventions developed through scientific research and academic inquiry. As our understanding of the addiction process has advanced so have specific treatment interventions such as motivational enhancement therapy, family network therapy, co-occurring disorders and medication advances such as naltrexone or buprenorphine.

As our understanding of how best to intervene in chemical dependency has grown so has the parallel process of preparing addiction treatment professionals. Today, due to a variety of policy and economic factors, the preparation of chemical dependency counselors is being undertaken by colleges and universities, where counselors learn the latest research and a variety of treatment interventions.

As an educator in addictions counseling, I have been involved in the preparation of addiction counselors in one-year and university programs since 1982. From my experience, I know it is just not possible for individuals in a one-year training program to acquire the depth and breath of knowledge necessary to understand human behavior, the

addiction process, co-occurring disorders and the variety of treatment approaches that might be employed to manage the disease.

Recognizing the advances in treatment and the preparation of counselors, the one-year training program operated by Benefis Healthcare (formerly Montana Deaconess Medical Center) in the 80's and early 90's was moved to the University of Great Falls in 1993. As a hospital based program and later as a university based program, the one-year training program averaged one to three students each year or semester. With such insufficient enrollment, the one-year training program at the University of Great Falls was phased out of operation with the graduation of our last student three years ago (1998).

Students themselves have recognized the need for more intensive academic education in order to counsel individuals and families- they seem to also know that the complexity of addictions, research advances, the diversity of treatment approaches and the necessity to network with other professionals such as physicians, psychologists and professional counselors demands more than what can possibly be learned in a one-year on the job training program. The academic programs in chemical dependency counseling have maintained low but adequate enrollment to continue offering the specialty coursework. In fact, most students I work with in the two-year associate degree program recognize the need for advanced education at the baccalaureate or master's level.

Finally, you might ask yourselves – if family, friends or you were to receive counseling for addictions, what level of preparation do you believe is necessary for the counselor to be most effective: a one-year training program or a university degree?

I urge you to continue the advancement of this field and its counseling professionals through support of HB 50.



COMMITTEE ON HEALTH & WELFARE
EXHIBIT NO. 12
DATE 2-2-01
BILL NO. HB50

Leading Quality Addiction Treatment in the Northern Rockies

February 2, 2001

TESTIMONY IN SUPPORT OF HB 50

Mona L. Sumner, MHA, ACTA
Clinical Director

Public Health

STATE ADMINISTRATION COMMITTEE

Al Bickel
Chairman ~~Don Hargrove~~ and members of the committee, we are asking your support of this bill to correct a longstanding error in nomenclature for Chemical Dependency Counselors.

This bill eliminates the term certified and substitutes the term licensed for professional chemical dependency counselors. This is an appropriate change since the term certified has always applied to professional organizations that choose to offer speciality certification to members who have achieved specialized knowledge in a particular area of study. In all cases, certification is done by the professional or trade association and NOT regulated by a state entity.

The State of Montana has always regulated chemical dependency counselors; developing standards of practice and overseeing those standards for chemical dependency counselors. Because the state itself is the regulating body, the nomenclature should be "licensed" and not "certified". This bill does not change any of the existing standards and has the support of chemical dependency counselors state-wide.

DATE _____

2-2-01

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SENATE STANDING COMMITTEE REPORT

February 2, 2001

Page 1 of 1

Mr. President:

We, your committee on **Public Health, Welfare and Safety** report that **House Bill 50** (third reading copy - blue) be concurred in.

Signed: _____

Al Bishop
Senator Al Bishop, Chair

To be carried by Senator Don Hargrove

- END -

Committee Vote:

Yes 8, No 1.

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SN

DATE 2-2-01

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: HB 50

HB 180

PLEASE PRINT

NAME	PHONE	REPRESENTING	BILL #	SUPPORT	OPPOSE
MARLENE O'CONNELL	455-2390	University of G.F.	HB 50	X	
Joel WAGNER	652-5666		HB 50	X	
Karen Duboise	392-5251		HB 50	X	
Marie Summers	768-3811				
Cynthia Reichbach	841-2391	Dpt of Commerce	HB 50	X	
Krista John	883-7310	M A A D A C	HB 50	X	
CHERYL NELSON	883-7310	R LCCAP	HB 50	X	
Sami Butler	442-6200	M A A	HB 180	X	
Steve Meloy	841-2301	Commerce	HB 50	X	
Andy Ortiz	443-0235	M I P O A	HB 180	X	
Kristi Blaz		Rimrock MASP	HB 50	X	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY